



Parks & Recreation

2701 Cypress Point Drive
Missouri City, TX 77459

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To our Missouri City families,

We are so thrilled your camper will be joining us for the 2016 summer! Missouri City Parks and Recreation is proud to offer a safe, action packed summer that is sure to be a memorable one. This year, we've revamped our camp, giving it a new name, Camp Pulse. Pulse is our promise. Our promise that your child will Play, Unplug, Learn, Socialize, and Explore. Our campers enjoy active play through large and small group games, trips to the pool and countless sports activities. We promote creative thinking through arts and crafts and developing problem solving skills with our weekly science experiments and small group activities. Above all we want campers to explore new activities and ideas, have fun, and make new friends! Your camper will embark on incredible adventures this summer and we can't wait to get started.

In order to register, you'll need to fill out the contents of this packet, and turn in a copy of both your child's birth certificate and a parent/guardian's driver's license [we can always make a copy when you drop off your packet.] Once you've completed the forms, bring them, along with the appropriate deposit, to the Rec & Tennis Center (2701 Cypress Point Drive) to complete the registration process. Please note, once camp begins on June 6th, registrations will only be accepted at the Community Center (1522 Texas Parkway).

Included in this packet is a copy of our Parent's Manual. This manual is a set of guidelines to Missouri City Children's Programs. Inside you will find general information about our programs, behavioral expectations for your child, and rules and regulations regarding your child's care. Please carefully review this manual and keep it for future reference.

We are looking forward to a full filled summer with plenty of action, exploration, and discovery. Let's have some fun!

Happy Camping!

Lindsay Valeri
Recreation Specialist
Camp Director
Missouri City Parks & Recreation

For Internal Use Only

_____ Enrollment Form

_____ Parent Acknowledgement

_____ Registration Form

_____ Child's Birth Certificate

_____ Pool Waiver

_____ Parent/ Guardian's Driver's License

Staff Signature: _____ Date: _____

Summer Day Camp 2016 Enrollment Form

Parent/ Guardian Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone #: _____ Work Phone #: _____

Camper's Name: _____ DOB: _____

Regular Day Hours: 9 AM- 6 PM Cost: \$100/camper Extended Day Hours: 7 AM- 6 PM Cost: \$125/camper

***Week Five Cost: \$80/camper**

***Week Five Cost: \$105/camper**

Please check the sessions you would like to sign up for:

- In order to reserve a spot, a deposit of \$25/camper is required for EACH session.
- Full tuition is due by **Wednesday** at 6 PM the week prior to the desired session
- If full tuition is not paid on time, both the campers spot and deposit will be forfeited
- A waitlist will be created once a sessions is filled.

Regular or Extended?	Week	Dates	Tuition paid in full due date	Field Trip
	1	June 6-10	June 1	Brazos Bend State Park
	2	June 13-17	June 8	Downtown Aquarium
	3	June 20-24	June 15	Houston Astros Game
	4	June 27- July 1	June 22	Museum of Natural Science
	5	July 5-8	June 29	Houston Zoo
	6	July 11-15	July 6	Splashtown
	7	July 18-22	July 13	Ringling Brothers Circus
	8	July 25-29	July 20	Children's Museum
	9	August 1-5	July 27	Space Center Houston

****Field Trip dates and destinations are subject to change.**



**Missouri City Parks & Recreation Children's Programs
Registration Form June 2016-May 2017**

A copy of the child's birth certificate and legal guardians' driver's license must accompany this registration form.

I. PARTICIPANT'S INFORMATION (Participant must be between 5-12 years of age and be physically and mentally able to participate in all activities and events of Missouri City Children's Programs.)

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ DOB: ____/____/____

T-shirt Size: YS YM YL AS AM AL

II. PARENT/GUARDIAN INFORMATION (Parent/ Legal Guardian must be over 18 years of age)

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

III. EMERGENCY CONTACT INFORMATION (Please choose an individual other than parent/guardian.)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

IV. INSURANCE AND MEDICAL PROVIDER INFORMATION

Medical Insurance Carrier: _____ Policyholder: _____

Policy Number: _____ Preferred Hospital: _____

Doctor's Name: _____ Phone Number: _____

V. ALLERGIES & OTHER MEDICAL INFORMATION

Please list any SEASONAL OR FOOD allergies for the child:

Please list any medical ailments or special needs for the child:

VI. RELEASE FOR DISPENSING MEDICATION

I give permission to the staff of the City of Missouri City to administer to my child the medications listed below. I understand it is my responsibility to give medication (Including Inhalers & EPI Pens) directly to the program staff in the original prescription containers labeled with the participants name, a date, directions, and the prescribing physicians name. If the medication is non-prescription, it should be given to staff labeled with the participants name and the date it was brought to the program. Non-prescription medications will be administered according to label directions with parent consent. I also understand that any over the counter medicine not specifically designated for administration will not be administered without my consent.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the City of Missouri City staff to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. In consideration of the City of Missouri City administering medication to my minor child, I do hereby fully release and discharge the City of Missouri City, and its personnel from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the City of Missouri City, and its personnel from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

We hereby waive any liability to the City of Missouri City or any of its personnel that might occur as the result of giving said medication in the indicated dosage at the time requested to our child.

NAME OF MEDICATION	DOSAGE	TIME TO BE ADMINISTERED

VII. PARTICIPANT RELEASE AUTHORIZATION (The city will not release the participant without proper identification.)

Persons **authorized** to pick-up participant:

Name: _____ Relationship: _____

Phone Number: _____ DOB: _____/_____/_____

Name: _____ Relationship: _____

Phone Number: _____ DOB: _____/_____/_____

Name: _____ Relationship: _____

Phone Number: _____ DOB: _____/_____/_____

Name: _____ Relationship: _____

Phone Number: _____ DOB: _____/_____/_____

Persons **unauthorized** to pick-up participant:

Note: If a person who is not listed above comes to pick up the participant, the City will contact the parent/guardian to confirm the arrangement. The City will ask the parent/guardian for the release password before releasing the participant to the individual.

Please indicate a release password: _____

Please indicate whether or not your child may walk to and from our children's programs. Note that by checking yes, we will allow your child to leave camp without being signed out, and without adult supervision.

YES _____ NO _____

VIII. ACKNOWLEDGMENT, RELEASE AND WAIVER OF LIABILITY, AND INDEMNIFICATION

I, the undersigned parent/guardian having legal custody/guardianship of the participant, give the participant permission to participate in the City of Missouri City's ("City") children's programs and agree to the following:

1. In consideration of being allowed to participant in the City's children's programs, related events, and activities, I **ACKNOWLEDGE AND AGREE THAT FOR MYSELF, THE PARTICIPANT, AND ON THE BEHALF OF OUR AGENTS, HEIRS, EXECUTORS, SUCCESSORS, ASSIGNS, AND ADMINISTRATORS (HEREINAFTER COLLEVTIVELY REFERRED TO AS THE "RELEASORS" OR "INDEMNITORS")** HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE THE CITY, ITS EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, AND SUCCESSORS, IN BOTH THEIR INDIVIDUAL AND OFFICIAL CAPACITITES, (HEREINAFTER COLLECTIVELY REFFERED TO AS THE "RELEASEES" OR "INDEMNITEES") OF ANY AND ALL LIABILITIES TO RELEASORS FOR ANY LOSS OR DAMAGE TO PERSON OR PROPERTY INCLUDING, BUT NO LIMITED TO, INJURY OR DEATH WHETHER CAUSED BY THE RELASEES OR ARISING OUT OF

OR IN CONNECTION WITH THE CITY'S CHILDREN'S PROGRAMS. INDEMNITORS AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE INDEMNITEES FROM AND AGAINST ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF EVERY KIND AND CHARACTER, WHETHER KNOWN OR UNKNOWN, ARISING OUT OF OR IN CONNECTION WITH THE CITY'S CHILDREN'S PROGRAMS, INCLUDING BUT NOT LIMITED TO, ACTIONS, CAUSES OF ACTION, CLAIMS, ATTORNEY'S FEES, DAMAGES, SUITS, LIABILITIES, JUDGEMENTS, AWARDS, COSTS, AND OTHER EXPENSES WHICH MAY BE ASSERTED BY INDEMNITORS FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO, INJURY, DEATH, LOSS, PROPERTY DAMAGE, OR THE EFFECTS OR CONSEQUENCES THEREOF, REGARDLESS OF WHETHER CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OR ACTS OR OMISSIONS OF THE INDEMNITEES. THE TERMS OF THE RELEASE, WAIVER AND INDEMNIFICATION SURVIVE THE EXPIRATION OR TERMINATION OF THE CITY'S CHILDREN'S PROGRAMS AND APPLY NOTWITHSTANDING ANY CONTRARY PROVISION.

2. If the participant is involved in an emergency situation or accident during any children's program, while not assuming the obligation to do so, the City may make an effort to provide assistance to the participant as the City deems necessary. In the event the City determines that medical attention is necessary, I and the participant hereby authorize the City to obtain first aid and medical attention. I and the participant will assume full responsibility for payments of any and all costs and expenses arising directly and indirectly from said emergency and medical treatment, including, but not limited to, reimbursement to City for any costs incurred by the City due to such emergency and expenses to any third party providers.
3. Allow the City to use my or the participant's name, image and likeness, as it may be captured by photograph or video, including any analog or digital format, for any legal purposes, including, but not limited to, the use in news releases, promotional materials, program advertising or any other lawful use.
4. Be available to City's staff at any and all times while the participant is enrolled in the City's children's programs.
5. Participation in the City's children's programs is a privilege and not a right. Both the participant and I have received a copy of the City's Children's Programs parent manual, rules and regulations and we agree to comply with such code of conduct, rules and regulations. Failure to comply with the City's parent manual, rules and regulations may result in the participant's removal from the City's children's programs.
6. The City's children's programs are not a "child care facility" or a "day-care center" as those terms are defined by state law and our programs are not licensed by the state.
7. If any portion of this application is held to be invalid, the remaining provisions of the application shall continue in full force and effect.

I do hereby acknowledge, by signing this application, that I have read and fully understand the terms and conditions of this application and the City's children's programs parent manual, rules and regulations, and that I am voluntarily signing this application.

Parent/Guardian Name (Print)

Signature

Date

Quail Valley East Community Association, Inc.

Waiver, Release and Indemnification Agreement

The undersigned Member(s)/Non-Member(s) hereby agrees to and understand, on behalf of he or she individually and/or representative of his or her minor child or children named herein below the following:

In order to and in consideration of using the Quail Valley East community Association, Inc ("the ASSOCIATION") pool facilities, the Member(s)/Non-Member(s) hereby agree to release and hold harmless the ASSOCIATION, its officers, directors and agents, against any and all claims, lawsuits, judgments, costs and expenses for personal injury (including death), property damage or other harm for which recovery of damages is sought, suffered by the undersigned and/or his or her minor children named herein below that may arise out of or be occasioned by any negligent act or omission of the ASSOCIATION AND/OR AGENTS.

Understood and Agreed to by:

Date: _____

Printed Name

Signature, Individually and as representative
For the minor children named herein below
(IF ANY)

Address _____

Children:

Printed Name

Printed Name

Printed Name

Printed Name

Printed Name

Printed Name

Parent Acknowledgement

By signing this acknowledgment, I state that I have thoroughly read and understand my duties and responsibilities as outlined in the 2016/2017 Parent's Manual. I agree to abide by all guidelines set forth and hold harmless and indemnify the City of Missouri City and release from all liability.

I understand the City of Missouri City Children's Programs and representatives thereof have the right to void any registration and dismiss said participant from attending any further children's programs and/or other offerings from the Missouri City Parks and Recreation Department due to a failure to adhere to the guidelines set forth in this handbook.

Participant's Name

Parent/ Guardian's Name

Parent/Guardian's Signature

Date